

172

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10751009
APPLICANT(S)

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

| | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | AFTER 3rd AMENDMENT | |
|--------------|------------------------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

282

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SERIAL NO.

10751009

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * IND. DEP. | | * IND. DEP. | | * IND. DEP. | |
|--------------|----------|------|------------------------|------|------------------------|------|--------------|-------------|------|-------------|------|-------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 101 | | | | | | | 51 | | | | | | |
| 207 | | | | | | | 52 | | | | | | |
| 303 | | | | | | | 53 | | | | | | |
| 404 | | | | | | | 54 | | | | | | |
| 505 | | | | | | | 55 | | | | | | |
| 604 | | | | | | | 56 | | | | | | |
| 707 | | | | | | | 57 | | | | | | |
| 808 | | | | | | | 58 | | | | | | |
| 909 | | | | | | | 59 | | | | | | |
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| TOTAL IND. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |